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**PART B - FEE(S) TRANSMITTAL**

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

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(Signature)
(Date)

22852 7590 11/29/2005  
**FINNEGAN, HENDERSON, FARABOW, GARRETT & DUNNER**  
**LLP**  
**901 NEW YORK AVENUE, NW**  
**WASHINGTON, DC 20001-4413**  
**02/15/2006 MBEYENE2 00000023 09767138**

01 FC:1501 1400.00 OP  
02 FC:1504 300.00 OP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/767,138	01/23/2001	Marc Alizon	2356.0010-04	2082

**TITLE OF INVENTION:** VARIANT OF LAV VIRUSES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	02/28/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
PARKIN, JEFFREY S	1648	424-188100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list  
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 **Finnegan, Henderson, Farabow, Garrett & Dunner, LLP**  
2  
3

**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT** (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE  
**Institut Pasteur**

(B) RESIDENCE: (CITY and STATE OR COUNTRY)  
**Paris, France**

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

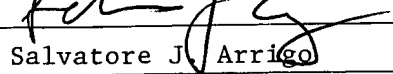
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**5. Change in Entity Status** (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature   
Typed or printed name **Salvatore J. Arrigo**

Date **2/14/06**  
Registration No. **46,063**

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